MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	
09/509932	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1			51						
2		1		1		1		52						
3				1		1		53						
4		①		6		1		54						
5		①		①				55						
6		①		①				56						
7		①						57						
8		①						58						
9				1				59						
10				1		1		60						
11				1		1		61						
12				1		1		62		:				
13				1		1		63						
14				1		1		64						
15				1		1		65						
16				1		1		66						
17				1		1		67						
18				1		1		68						
19								69						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1		4		2			TOTAL IND.						
TOTAL DEP.	7		14		7			TOTAL DEP.						
TOTAL CLAIMS	8		18		9			TOTAL CLAIMS						

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT OF COMMERCE